

PRIVACY NOTICE

All social security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

Employer's Report of Wages and Contributions

First Name	MI	Last Name	Social Security Number
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1. Report of Final Wages

This report must be completed and returned by the member's employer.

Please list wage data for the last two quarters that will be reported, excluding termination and severance pay. When listing the final wages, please check the box as to whether the contributions are Pre-Tax or Post-Tax. **Please ensure that all wages and contributions equal those on the quarterly report. DO NOT include termination and severance pay.**

	Year	Regular Wages Earned	3% Mandatory Contributions		Voluntary Contributions	
			<input type="checkbox"/> Pre-tax	<input type="checkbox"/> Post-tax	<input type="checkbox"/> Pre-tax	<input type="checkbox"/> Post-tax
1st Quarter: 1/1 - 3/31						
2nd Quarter: 4/1 - 6/30						
3rd Quarter: 7/1 - 9/30						
4th Quarter: 10/1 - 12/31						

2. Termination and Severance Pay

Any type of final payout for unused days, etc., should be separated from regular wages as termination pay. Please list the quarter(s) in which the remaining wages were earned.

	Quarter End Date (MM/DD/YYYY)	Termination/ Severance Pay	3% Mandatory Contributions		Voluntary Contributions	
			<input type="checkbox"/> Pre-tax	<input type="checkbox"/> Post-tax	<input type="checkbox"/> Pre-tax	<input type="checkbox"/> Post-tax
Termination Pay and Severance Pay						
School ONLY: Wages Reported for School Year Employee						

SCHOOL EMPLOYERS- Please list quarters in which wages for school year employee were actually earned: _____

3. Authorization to be Signed by Authorized Agent Only

The wages reported above are in accordance with the agreement(s) between PERF and the governing body of the employer. I certify that the above wages are accurate to the best of my knowledge and that I am the individual formally authorized to accept any pension liability on behalf of this employer. I understand that the verification of the above referenced periods of service and authorized leave create a pension liability for this employer. **Any error in the reporting of final wages must be sent to PERF.**

Signature of Authorized Agent	Printed Name of Authorized Agent
Title of Authorized Agent	Date
Name of Employer	Employer Account Number

Upon completion, please send this report to PERF: 143 West Market Street, Indianapolis, IN 46204.
You may also fax this page: 317-234-1226. If you fax this page, PERF does not need the hard copy.